

**DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES**

*Quality Assurance Division-Licensure Bureau*

2401 Colonial Drive

P.O. Box 202953

Helena, MT 59620-2953

FAX: (406) 444-1742

**ASSISTED LIVING FACILITY CHANGE OF OWNERSHIP LICENSE  
APPLICATION**

**Requirements of Seller:**

- ❑ Notify Licensure Bureau of intent to sell by phone: Harry Dziak, MSW 444-0572, Ruth Burleigh, RN/BSN, Program Manager 444-1575, or the Licensure Bureau 444-2676.
- ❑ Send by Certified Mail a letter of intent to sell to the address above, indicating expected date of transaction. The letter must be signed and dated by appropriate responsible individual and/or parties.
- ❑ Return residential license to Licensure Bureau at above address.